

State of Minnesota

County

District Court

Judicial District: _____

Court File Number: _____

Case Type: _____

In Re the Marriage of:

Plaintiff / Petitioner

vs / and

Defendant / Respondent

Intervenor

STATE OF MINNESOTA)
COUNTY OF _____) SS
(County where Affidavit Signed)

**Affidavit in Support of
Responsive Motion to Stop
Cost of Living Adjustment**

My name is _____. I am the *(check one)*
☐ (Petitioner/Plaintiff) ☐ (Respondent/Defendant) in this case and I state under oath the following information:

1. The court should deny the moving party's request to stop the cost of living adjustment on ☐ child support ☐ spousal maintenance based upon the following reason(s):

Dated: _____

Sworn / affirmed before me this

_____ day of _____, _____

Notary Public / Deputy Court Administrator

Signature *(Sign only in the presence of a Notary or Court Deputy)*